

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing: (Month, Day, Year)	

2. Function or Event Information		Face Value of Each Ticket/Pass \$ 20.00
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Event Description Los Angeles County Museum of Art <small>Provide Title/Explanation</small>	Date(s) / / 2020
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Los Angeles County Museum of Art <small>Name of Source</small>	
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: <small>Official's Name (Last, First)</small>	

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per Ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Barbara Garcia	Ticket Administrator	1/14/2019
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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213-974-4111	bgarcia@bos.lacounty.gov	Date of Original Filing:	
		(Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 20.00

Event Description Los Angeles County Museum of Art
Provide Title/Explanation

Date(s) 12/31/2020

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles County Museum of Art
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:
Official's Name (Last, First)**3. Recipients**

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Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 20.00

Event Description Los Angeles County Museum of Art
Provide Title/Explanation

Date(s) _____ 12 31 2020

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles County Museum of Art
*Name of Source*Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
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Provide Title/Explanation

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Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 20.00

Date(s) _____ 12/31/2020

If no: Los Angeles County Museum of Art
Name of Source

If yes: _____
Official's Name (Last, First)

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Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Los Angeles County Museum of Art
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 20.00

Date(s) _____ 12 / 31 / 2020

If no: Los Angeles County Museum of Art
Name of Source

If yes: _____
Official's Name (Last, First)

3. Recipients

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2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

20.00

Event Description Los Angeles County Museum of Art

Provide Title/Explanation

Date(s) _____

12

31

2020

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no:

Los Angeles County Museum of Art

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

3. Recipients

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Date(s) _____ 12/31/2020

If no: Los Angeles County Museum of Art
Name of Source

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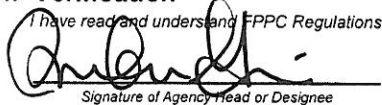
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Date(s) / / 12 31 2020

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Name of Source

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